



# Florida Department of Environmental Protection

Southwest District  
13051 N. Telecom Parkway  
Temple Terrace, Florida 33637-0926

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Mimi Drew  
Secretary

September 22, 2010

Remittance: 893324

SUMTER COUNTY BOCC  
910 N MAIN ST  
SUITE 201  
BUSHNELL FL 33513-5006

RE: Receipt Number 711174  
Refund Number 18811

Dear Sir/Madam:

Your remittance, check number 1019270 for \$500.00, was received by the Department of Environmental Protection on July 28, 2010.

According to our records, your account reflects a status of NO FEE DUE. Please sign the attached Application for Refund Form, return to the referral area below, and a refund check in the amount of \$500.00 will be processed.

If you have questions, please contact:

Nangellie San Inocencio Phone: 813-632-7600 x316

Please return signed and dated form to the attention of Sandra Wilson.

Sincerely,

Sandra Wilson  
Finance and Accounting

Attachment

DEP 14-081  
DBF AA-4

REFUND REQUEST #: 18811

APPLICATION FOR REFUND FORM  
THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF Sumter

Pursuant to the provisions of Section 215.26, or Section \_\_\_\_\_\*, Florida Statutes,  
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: SUMTER COUNTY BOCC

ADDRESS: 910 N MAIN ST SUITE 201 BUSHNELL, FL 33513-5006

AMOUNT: \$500.00 CHECK #: 1019270 DEPOSIT DATE: 07-30-2010 DEPOSIT: 001594

DOCUMENT NUMBER: SYS RECEIPT#: 711174 PAYMENT#: 1028375 REMIT#: 893324

REV OBJECT CODE: 002230 DRINK WATER-CONSTRUCT

which represents moneys I paid into the State Treasury subject to refund, and to  
substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this 7<sup>TH</sup> day of OCTOBER, 2010.

  
Applicant's Signature

\*Must be completed if authority is other than Section 215.26, Florida Statutes.

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(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including  
statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information  
to substantiate such claim. \$500.00 was originally deposited into the State Treasury,  
Receipt \_\_\_\_\_, dated \_\_\_\_\_.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720252600137 0000000020000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720252600137 0000002200000

\*\*\*\*\*

CERTIFIED TRUE AND CORRECT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature and Title of Authorized Person

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SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION  
SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3  
YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."  
Three years is interpreted as meaning three years from the date of payment into State Treasury.